

Section I: Identification and JP Status Children, Food Security and Malnutrition in Angola

Semester: 2-11

Country	Angola
Thematic Window	Children, Food Security and Nutrition
MDGF Atlas Project	
Program title	Children, Food Security and Malnutrition in Angola

Report Number	
Reporting Period	2-11
Programme Duration	
Official Starting Date	

Participating UN Organizations	* FAO * IOM * UNDP * UNICEF * WHO
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Implementing Partners

Budget Summary

Total Approved Budget

FAO	\$803,784.00
IOM	\$579,451.00
UNDP	\$237,000.00

UNICEF	\$1,937,855.00
WHO	\$441,910.00
Total	\$4,000,000.00

Total Amount of Transferred To Date

FAO	\$723,088.00
IOM	\$511,004.00
UNDP	\$168,580.00
UNICEF	\$1,456,080.00
WHO	\$320,400.00
Total	\$3,179,152.00

Total Budget Committed To Date

FAO	\$509,912.00
IOM	\$511,905.00
UNDP	\$101,719.00
UNICEF	\$753,840.41
WHO	\$320,400.00
Total	\$2,197,776.41

Total Budget Disbursed To Date

FAO	\$509,912.00
IOM	\$511,905.00
UNDP	\$94,159.00
UNICEF	\$753,840.00
WHO	\$320,400.00
Total	\$2,190,216.00

Donors

As you can understand, one of the Goals of the MDG-F is to generate interest and attract funding from other donors. In order to be able to report on this goal in 2010, we would

require you to advise us if there has been any complementary financing provided for each programme as per following example:

Please use the same format as in the previous section (budget summary) to report figures (example 50,000.11) for fifty thousand US dollars and eleven cents

Type	Donor	Total	For 2010	For 2011	For 2012
Parallel		\$0.00	\$0.00	\$0.00	\$0.00
Cost Share		\$0.00	\$0.00	\$0.00	\$0.00
Counterpart		\$0.00	\$0.00	\$0.00	\$0.00

DEFINITIONS

1) PARALLEL FINANCING – refers to financing activities related to or complementary to the programme but whose funds are NOT channeled through UN agencies. Example: JAICA decides to finance 10 additional seminars to disseminate the objectives of the programme in additional communities.

2) COST SHARING – refers to financing that is channeled through one or more of the UN agencies executing a particular programme. Example: The Government of Italy gives UNESCO the equivalent of US \$ 200,000 to be spent on activities that expand the reach of planned activities and these funds are channeled through UNESCO.

3) COUNTERPART FUNDS - refers to funds provided by one or several government agencies (in kind or in cash) to expand the reach of the programme. These funds may or may not be channeled through a UN agency. Example: The Ministry of Water donates land to build a pilot 'village water treatment plant' The value of the contribution in kind or the amount of local currency contributed (if in cash) must be recalculated in US \$ and the resulting amount(s) is what is reported in the table above.

Beneficiaries

Beneficiary type	Targetted	Reached	Category of beneficiary	Type of service or goods delivered
men	296,172	148,086	Citizens/Men	Access to Health Services
women	320,853	160,426	Families	Access to Health Services
children below five years	865,908	719,472	Families	Vaccinations
institutions	5	3	Local Institutions	Behaviour Change Communication Initiatives (Hand Washing, Etc)

Section II: JP Progress

1 Narrative on progress, obstacles and contingency Measures

Please provide a brief overall assessment (1000 words) of the extent to which the joint programme components are progressing in relation to expected outcomes and outputs, as well as any measures taken for the sustainability of the joint programme during the reporting period. Please, provide examples if relevant. Try to describe facts avoiding interpretations or personal opinions

Plases describe three main achievements that the joint programme has had in this reporting period (max 100 words)

1. Finalization and endorsement of the National Strategy on infant and young child nutrition.
2. A total of 719,472 children under five received vitamin A supplementation during the Viva and vida campaign.
3. National protocol on integrated management of severe acute malnutrition updated and validated for the use across the country.

Progress in outcomes

Overall good progress continue with some challenges. Advocacy with Ministry of health, agriculture, Family welfare, social and child protection and education continue by MDG team to push the implementation of critical child nutrition interventions at the field level which are positioned in National IYCN strategy document and biannual work plan. Special efforts continue to leverage government funds for the procurement of therapeutic products for the treatment of severe acute malnutrition in children. Good involvement of MINARS at provincial level led to good ownership in organizing trainings on nutrition and HIV also improved capacity of officials to address food security among vulnerable households. Municipal team trained to Improve surveillance, and evaluation of the food and nutrition of children

Progress in outputs

After updating the national protocol on integrated management of severe acute malnutrition 90 health functionaries trained in Cunene in August 2011 . Baseline survey completed and findings shared with entire MDG team , good result reported in many area like universal salt iodization and IYCF indicators . In Bie community awareness activities (on key health and nutrition issues) completed in two selected area of Kamacupa municipalities (Umpulo & Ingoma), target groups include social and health workers as well as community assistants. Health Information System (HIS) revised to provide regular, timely and quality report

Measures taken for the sustainability of the joint programme

after Mid term evaluation of the joint MDG program, provincial government has speed up the work, MINSA is playing lead role not only in coordination of the program also exploring the ways to continue the program after 2012. Dialogue and advocacy continue by lead UN agency with the MINSA to invest in the program at all levels.

Are there difficulties in the implementation?

Coordination within the Government (s)

Management: 1. Activity and output management. 2. Governance/Decision Making 4. Accountability
Joint Programme design

What are the causes of these difficulties?

Other. Please specify

In joint program design the allocation of the funding and human resources from government side is not reflected causing confusion for joint field visit payment of the counterparts

etc. limitation of the human resources available at field level to implement the program activities. The activities programmed on Moxico have been delayed following a change of the management team within the MINARS but the actions were reactivated in late December in localities with targets already identified

Briefly describe the current difficulties the Joint Programme is facing

Frequent transfer of the government officials at provincial and municipal level.
 Limitation of the technical capacity of the existing human resources.
 Administrative and financial procedure not quick at all levels

Briefly describe the current external difficulties that delay implementation

polio eradication is the top most priority of the GOVERNMENT OF ANGOLA and ministry of health and there are frequent campaigns and polio round that takes the time and energy of the health staff, causing delay in the implementation of the MDG program activities.

Explain the actions that are or will be taken to eliminate or mitigate the difficulties

Unicef as the lead agency providing technical input , organizing monthly coordination meetings with national counterparts and UN agencies to brief them about the difficulties and finding out the solutions jointly in last six months four meetings have been organized. Advocacy efforts with the provincial authorities continue . Now in Moxico, Bié and Cunene some progress has been made to speed up the program implementation.

2 Inter-Agency Coordination and Delivering as One

Is the joint programme still in line with the UNDAF?

Yes true
 No false

If not, does the joint programme fit the national strategies?

Yes true
 No false

What types of coordination mechanisms

Regular coordination meetings of all the stakeholders both at national and field levels.
 Organizing regular coordination meetings with UN agencies, with Focal point of government counterparts on MDG joint Nutrition program.
 During last six months four meetings held at National level and about five at provincial level
 Regular sharing of mails, reports, documents and information.

Please provide the values for each category of the indicator table below

Indicators	Baseline	Current Value	Means of verification	Collection methods
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Number of managerial practices (financial, procurement, etc) implemented jointly by the UN implementing agencies for MDF-F JPs	baseline survey	joint contract of UNDP and FAO to conduct baseline survey	baseline survey divided into two parts, both the agency took lead to facilitate the data collection work by the assigned team
Number of joint analytical work (studies, diagnostic) undertaken jointly by UN implementing agencies for MDG-F JPs	MTE of joint MDG fund program	minutes of the meeting for joint planning and field visits	
Number of joint missions undertaken jointly by UN implementing agencies for MDG-F JPs	4	field trip reports of joint field visits and joint mission	joint field visits made with nutrition section director , agriculture deputy directors to review and monitor the work at municipal level and give feedback for improvement.

3 Development Effectiveness: Paris Declaration and Accra Agenda for Action

Are Government and other national implementation partners involved in the implementation of activities and the delivery of outputs?

Not Involved false
 Slightly involved false
 Fairly involved true
 Fully involved false

In what kind of decisions and activities is the government involved?

Policy/decision making
 Management: budget
 Management: service provision

Who leads and/or chair the PMC?

Vice Minister of MINSA - from Government side
 UN Resident Coordinator - From UN side

Number of meetings with PMC chair

three meetings , July, September and October 2011

Is civil society involved in the implementation of activities and the delivery of outputs?

Not involved false
 Slightly involved false
 Fairly involved true
 Fully involved false

In what kind of decisions and activities is the civil society involved?

Management: budget

Management: service provision

Are the citizens involved in the implementation of activities and the delivery of outputs?

Not involved false

Slightly involved false

Fairly involved true

Fully involved false

In what kind of decisions and activities are the citizens involved?

Management: service provision

Where is the joint programme management unit seated?

National Government

Local Government

Current situation

program is doing well under the leadership of PMC

4 Communication and Advocacy

Has the JP articulated an advocacy & communication strategy that helps advance its policy objectives and development outcomes?

Yes true

No false

Please provide a brief explanation of the objectives, key elements and target audience of this strategy

To create awareness among all stake holders at different level on the issues related to children , food security and nutrition. Special focus is given to vulnerable families, prgnant and lactating women and children under five years. Partnership extended with civil socity organizations,community health workers and the functionaries of health, agriculture and MINARS.

What concrete gains are the adovacy and communication efforts outlined in the JP and/or national strategy contributing towards achieving?

Increased awareness on MDG related issues amongst citizens and governments

Increased dialogue among citizens, civil society, local national government in erlation to development policy and practice

Estabilshment and/or liasion with social networks to advance MDGs and related goals

Media outreach and advocacy

What is the number and type of partnerships that have been established amongst different sectors of society to promote the achievement of the MDGs and related goals?

Faith-based organizations	4
Social networks/coalitions	1
Local citizen groups	nil
Private sector	nil
Academic institutions	nil
Media groups and journalist	3
Other	

What outreach activities do the programme implement to ensure that local citizens have adequate access to information on the programme and opportunities to actively participate?

Focus groups discussions
Use of local communication mediums such radio, theatre groups, newspapers
Open forum meetings
Capacity building/trainings

Section III: Millenium Development Goals

Millenium Development Goals

Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

JP Outcome	Beneficiaries	JP Indicator	Value
Strengthening community resilience and capacity to reduce child hunger and undernutrition	0	Approved and enforced national policies and strategies in the areas of nutrition (YCF national strategy), food security and social protection. % improve in local foods production. Number of provinces with local FFS programs on extension policies. Data resulting from routine local / national information systems, national surveys and surveillance mechanisms effectively processed and used for planning and decision-making	

Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

JP Outcome	Beneficiaries	JP Indicator	Value
Enhancing advocacy for child protection from adverse effects of food insecurity D aiming to increase the commitment of the GoA in reforming policies and strategies to protect the most vulnerable children.	0	Vulnerability Assessment and Mapping (VAM) strengthened in the selected provinces. At least 60% of vulnerable households assisted in Bié and Moxico	

Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

JP Outcome	Beneficiaries	JP Indicator	Value

Strengthening community resilience and municipal and community management capacities to alleviate child hunger and under-nutrition

0

% of U5 reached twice a year with vitamin A & Albendazole during each year. N° of severely malnourished children reached. % of households consuming adequately iodized salt. High-impact coverage achievements (EPI, ANC, VAS / deworming, ITN, IPT, IFA, key family practices (EBF, CF, hygiene and sanitation...)). % of families applying appropriate diet diversification from local produced foods

Additional Narrative Comments

Please provide any relevant information and contributions of the programme to de MDGs, whether at national or local level

The detail progress of all indicators given in the monitoring and evaluation template attached with the report.

Please provide other comments you would like to communicate to the MDG-F Secretariat

under the beneficiary details there is no provision of the data for the children under five years.

Section IV: General Thematic Indicators

1 Integrated approaches for reducing child hunger and under-nutrition promoted

1.1 Number of individuals suffering from under-nutrition and/or food insecurity in the areas of intervention

Children under 2

Total No. NA
No. Urban
No. Rural
No. Girls
No. boys

Children from 2 to 5

Total No. NA
No. Urban
No. Rural
No. Girls
No. Boys

Children older than 5

Total NA
No. Urban
No. Rural
No. Girls
No. boys

Women

Total NA
No. Urban
No. Rural
No. Pregnant

1.2 Number of individuals supported by the joint programme who receive treatment against under-nutrition and/or services supporting their food security in the areas of intervention

Children under 2

Total NA

No. Urban

No. Rural

No. Girls

No. Boys

Children from 2 to 5

Total 115919 children under 5 yrs

No. Urban NA

No. Rural NA

No. Girls NA

No. Boys NA

Children older than 5

Total

No. Urban

No. Rural

No. Girls

No. Boys

Women

Total 350,000

No. Urban

No. Rural

No. pregnant ALL

Men

Total 350000

No. Urban

No. Rural

1.3 Prevalence of underweight children under-five years of age

National % 15.6%
 Targeted Area % 15-23%

Proportion of population below minimum level of dietary energy consumption

% National 49-54%
 % Targeted Area 54%

Stunting prevalence

% National 29%
 % Targeted Area 29%

Anemia prevalence

% National 29.7% children below 5 years
 % Targeted Area 29.7%

Comments

1.4 Type of interventions and/or strategies scaled up with the support the joint programme and number of citizens affected

Homestead food production and diversification

National NA
 Local 80,000
 Urban
 Rural
 Girls
 Pregnant Women
 Boys

Food fortification

National X
 Local X
 Urban X
 Rural X
 Girls X
 Pregnant Women X

Boys X

School feeding programmes

National NA

Local

Urban

Rural

Girls

Pregnant women

Boys

Behavioural change communication

National 9,75,000

Local

Urban

Rural

Girls

Pregnant women

Boys

Gender specific approaches

National NA

Local

Urban

Local

Girls

Pregnant Women

Boys

Interventions targeting population living with HIV

National 12,000

Local

Urban

Rural

Girls

Pregnant Women

Boys

Promotion of exclusive breastfeeding

National 9,75,000

Local

Urban

Rural

Girls

Pregnant Women

Boys

Therapeutic feeding programmes

National 34 CENTERS

Local 8 centers, 12,000 children

Urban

Rural

Girls

Pregnant Women

Boys

Vaccinations

National 9,75,000

Local

Urban

Rural

Girls

Pregnant Women

Boys

Other, specify

National

Local

Urban

Rural

Girls

Pregnant Women

Boys

2 Advocacy and mainstreaming of access to food and child nutrition into relevant policies

2.1 Number of laws, policies and plans related to food security and child nutrition developed or revised with the support of the programme

Policies

National National Nutrition Strategy for infant and young children finalized during this period
Local

Laws

National support continue for use of iodized salt legislative law
Local support continue for use of iodized salt legislative law

Plans

National
Local

3 Assessment, monitoring and evaluation

3.1 Number of information systems supported by the joint programme that provide disaggregated data on food security and nutrition

National
Local initiated in selected area
Total

Joint Programme Monitoring Report Angola : Children, Food Security and Nutrition

b. Joint Programme M&E framework – July to December 2011

This template is the same as the one you will find in the JP documents. We have added 3 columns to provide spaces for baselines of the indicators as well as targets. All the values for indicators in this template are cumulative. This means the past values obtained accumulate (add up over time) as the joint programme gets implemented. We are expecting you to include not only the indicators but the value of these indicators. If you do not provide them, please explain the reason and how you are going to obtain this information for the next reporting period.

Expected Results (Outcomes & outputs) From Results Framework (Table 1)	Indicators From Results Framework (Table 1)	Baseline Baselines are a measure of the indicator at the start of the joint programme	Overall JP Expected target The desired level of improvement to be reached at the end of the joint programme	Achievement of Target to date The actual level of performance reached at the end of the reporting period	Means of verification From identified data and information sources	Collection methods (with indicative time frame & frequency) How is it to be obtained?	Responsibilities Specific responsibilities of participating UN organizations (including in case of shared results)	Risks & assumptions Summary of assumptions and risks for each result
<p>Strengthening community resilience and municipal and community management capacities to alleviate child hunger and under-nutrition</p> <p>Output 1.1: Approved and enforced national policies and strategies in the areas of nutrition (YCF national strategy), food security and</p>	<p><u>Indicator 1.1.1:</u> National IYCF approved</p> <p><u>Indicator 1.1.2:</u> National Food & Nutrition Security Strategy disseminated and enforced</p> <p><u>Indicator 1.1.3:</u> National</p>	<p><u>Baseline for all indicators:</u> 0</p>	<p>IYCF national strategy approved;</p> <p>IYCF National Strategy and National Food Security & Nutrition Strategy disseminated and enforced</p>	<p>1.1.1. after 5th National Child forum the Infant and young child Nutrition strategy was fine-tuned and updated in August - September and finally presented to Ministry of health for final endorsement by the president of Angola. Endorsement awaited</p> <p>1.1.2 Linkages developed in the National IYCN strategy document for enforcing and complementing the National food and nutrition security strategy.</p>	<p>MINSAs quarterly and annual report</p>	<p>Annual publications and report of the National Vth forum of 11 commitments for the children of Angola</p>	<p>Support the documentation and wider dissemination to all partners and stakeholders</p>	<p>Political stability nationally and regionally; Institutional and human capacity to implement and report; Ownership and leadership; Community participation and sustained utilization of services</p>

social protection	policies and strategies in social protection approved			1.1.3 linkages developed with existing national policies and strategies .				
Output 1.2: Children U5 reached twice a year with Vitamin A and albendazole	Indicator 1.2.1: % of U5 reached twice a year with vitamin A & Albendazole during each year	Baseline 1.2.1: Last campaign coverage in each selected province	Target: At least 80% coverage achieved	1.2.1 Viva and Vida campaign was organized in September 2011 across the country for vitamin A, albendazole, measles and polio. More than 85 % children under five received vitamin A and Albendazole in Bié, Moxico and Cunene.	National health immunization report.	ICC	Support to final collation, documentation and dissemination	Timely availability of essential inputs and vaccine supplies; timely redistribution of funds to provinces by the govt
Output 1.3: Additional 700,000 population have access to full high-impact interventions in Bié, Moxico & Cunene	Indicators 1.3.1: High-impact coverage achievements (EPI, ANC, VAS / deworming, ITN, IPT, IFA, key family practices (EBF, CF, hygiene and sanitation...))	Baseline 1.3.1: 2008 routine coverage KFP: unknown	Target 1.3.1: 80% sought for EPI, ANC, VAS/Alb. IFA, IPT, ITN and KFP 60%	1.3.1 More than 70% of the population continue to have the access to full high impact interventions in 9 selected municipalities of Bié, Moxico and Cunene for revitalization.	Municipal, provincial and national coverage quarterly reports, plus national malaria programme reports	ICC and CCM presentations; National HMIS and surveillance data reports	Support to final collation, documentation and dissemination	Institutional and human capacity to implement and report; Ownership and leadership; Community participation and sustained utilization of services
Output 1.4: Additional 12,000 severely malnourished children treated in the selected provinces (in-patient & out-patient)	Indicator 1.4.1: Nº of severely malnourished children reached Indicator 1.4.2:	Baseline 1.4.1: 1,000 children reached during 2008 Baseline 1.4.2:	Target 1.4.1: 12,000 children to be reached in three years time	1.4.1 – A total of 1754 severely acute malnourished children have been treated from July to December 2011 both at community and facility based care unit using therapeutic feeding protocol in Bié, Moxico and Cunene.				

	Nº provinces with functional nutrition surveillance system	0 <u>Target: 3</u>		1.4.2 in three municipalities still in preliminary stage, not fully functional, planned for this year				
Output 1.5: At least 90% of household at the national level consuming iodized salt	<u>Indicator 1.5.1:</u> % availability of iodized salt in the country <u>Indicator 1.5.2:</u> % of households consuming adequately iodized salt	<u>Baseline 1.5.1:</u> 70% <u>Baseline 1.5.2:</u> 44%	<u>Target 1.5.1:</u> 100% <u>Target 1.5.2:</u> 90%	1.5.2 July to December 48 municipalities covered for USI program. About 60 % of the adequately iodized salt found in market in salt surevey conducted by national institute, However consumption of adequately iodized salt not improved much , varies from 40 to 80% in different municipalities .	MINSA report plus IDD HH coverage surveys, CNTIS report	ICC and related review workshops	Support to final collation, documentation and dissemination	Same as above
Output 1.6: Vulnerability Assessment and Mapping (VAM) strengthened in the selected provinces	<u>Indicator 1.6.1:</u> Nº of provinces with a functioning VAM	<u>Baseline 1.6.1:</u> 0	<u>Target: 3</u>	1.6.1 Baseline study was completed findings on VAM will be presented soon	Study or survey reports	VAM report	Support to final collation, documentation and dissemination	Same as above
Output 1.7: At least 60% of vulnerable households assisted in Bié and Moxico	<u>Indicator 1.7.1:</u> % vulnerable families assisted	<u>Baseline 1.7.1:</u> Unknown	<u>Target: 60%</u>	1.7.1 - 150 social workers trained on nutrition and HIV in Bié. Identification and training of community associations, churches, community groups continue . 300 community health	Study or survey reports, MINARS report	Vulnerability and child poverty studies	Support to final collation, documentation and dissemination	Same as above

				workers in Bié are going to be trained soon to promote and support key family practices within the communities beneficiaries . Similarly, after a delay related to a change in leadership, local Minars in Moxico have recently reinstalled the originally scheduled activities				
Output 1.8: Improvement of local food production	<u>Indicator 1.8.1:</u> % improve in local foods production <u>Indicator 1.8.2:</u> Number of FFS operational in Moxico and Bié <u>Indicator 1.8.3:</u> Number of provinces with local FFS programs on extension policies	<u>Baseline 1.8.1:</u> <u>Target:</u> <u>Baseline 1.8.2:</u> (0,50) <u>Baseline 1.8.3:</u> 1	<u>Target:</u> <u>Target:</u> (20,100) <u>Target:</u> 2	1.8.1 Linked to food security and school gardening programme. 1.8.2. in Bié, 30 FFS operational, in Moxico and Cunene nil , 1.8.3 Bié, Huambo, Malanje, Uige	Study or survey reports	Food security study	Support to final collation, documentation and dissemination	Same as above

<p>Output 1.9: Family diet diversified from the increase in local foods production</p>	<p><u>Indicator 1.9.1:</u> % of families applying appropriate diet diversification from local produced foods</p> <p><u>Indicator 1.9.2:</u> number of schools with school gardens and using local food production in the School Feeding Program</p>	<p><u>Baseline 1.9.1:</u> Unknown</p> <p><u>Baseline 1.9.2:</u> 0</p>	<p><u>Target:</u> 60%</p> <p><u>Target:</u> 10 in each province</p>	<p>1.9.1 FAO /UNICEF Detail discussion held with NGO and government of Moxico to build the capacity of the families on dietary diversification , proposal received and fund will be released in 2012 to initiate the project.</p> <p>1.9.2 Moxico 0 SG, Bié 20 SG Cunene, nil</p>	<p>Study or survey reports</p> <p>FAO` and Partners reports</p>	<p>Food security study</p> <p>Field visits for monitoring</p>	<p>Support to final collation, documentation and dissemination</p> <p>FAO and partners</p>	<p>Same as above</p> <p>In Ombandja schools don't have water source close by making it difficult to establish SG</p>
<p>Output 2.1: Improved advocacy for child protection from adverse effects of rising food prices – aiming to increase the commitment of the GoA in reforming policies and strategies to protect the most vulnerable children and pregnant women</p>	<p><u>Indicator 2.1.1:</u> Availability of a national advocacy and communication plan for nutrition</p> <p><u>Indicator 2.1.2:</u> Nº of families receiving cash transfers</p> <p><u>Indicator 2.1.3:</u> Nº of families receiving specific food supplementation</p>	<p><u>Baseline 2.1.1:</u> 0</p> <p><u>Baseline 2.1.2:</u> 0</p> <p><u>Baseline 2.1.3:</u> Unknown</p>	<p><u>Target: 3 provinces and municipality authorities</u></p>	<p>2.1.1 Good involvement in the field of the Minars, IDA and local authorities. Consistency between the strategy outlined in detail with targets and locations. regular feedback on the implementation of activities. A precise schedule has been set up to compensate the delay in the implementation of activities on Moxico due to a change of direction in the Minars</p> <p>2.1.2 - No cash transfer IOM is not involved in this</p>	<p>Economic and financial reports; Mission reports</p>	<p>Advocacy report and national rolling plan</p>	<p>Support to final collation, documentation and dissemination</p>	<p>Same as above</p>

				process. 2.1.3 200 families in Bie and 200 in Moxico				
Output 3.1: Data resulting from routine local / national information systems, national surveys and surveillance mechanisms effectively processed and used for planning and decision-making	<u>Indicator 3.1.1:</u> Nº provinces with relevant sector-specific database to orient decision-making <u>Indicator 3.1.2:</u> Nº of provinces with routine sector specific information system functional <u>Indicator 3.1.3:</u> Nº of provinces with functional nutrition surveillance system <u>Indicator 3.1.4:</u> Nº of provinces with functional government-led specific – child survival coordination mechanisms	<u>Baseline3.1.1:</u> Scarcity of relevant information <u>Baseline 3.1.2:</u> Unknown <u>Baseline 3.1.3:</u> 0 <u>Baseline3.1.4:</u> 0	<u>Target:</u> 3 <u>Target:</u> 3 <u>Target:</u> 3 <u>Target 3.1.4:</u> 3	3.1.1 1 province 3.1.2 - one 3.1.3 – nil 3.1.4 –three	Annual HMIS and monthly surveillance reports	HMIS report	Support to final collation, documentation and dissemination	Same as above

Joint Programme Results Framework with financial information July to December 2011

This table refers to the cumulative financial progress of the joint programme implementation at the end of the semester. The financial figures from the inception of the programme to date accumulated (including all cumulative yearly disbursements). It is meant to be an update of your Results Framework included in your original programme document. You should provide a table for each output.

Definitions on financial categories

- **Total amount planned for the JP:** Complete allocated budget for the entire duration of the JP.
- **Estimated total amount committed:** This category includes all amount committed and disbursed to date.
- **Estimated total amount disbursed:** this category includes only funds disbursed, that have been spent to date.
- **Estimated % delivery rate:** Funds disbursed over funds transferred to date

Joint Program outcome 1: -Strengthening community resilience and municipal and community management capacities to alleviate child hunger and under-nutrition										
Joint Programme Outputs	Activity	YEAR			UN AGENCY	RESPONSIBLE PARTY	Estimated Implementation Progress			
		Y1	Y2	Y3			NATIONAL/ LOCAL	Total amount Planned for the JP	Estimated Total amount Committed	Estimated Total Amount Disbursed
Output 1.1: Approved and enforced national policies and strategies in the areas of nutrition (YCF national strategy), food security and social protection	Support the design and approval of the IYFC national strategy and dissemination		X		UNICEF	National/local	25,000	25,000	12,000	48%
	Organization of dissemination meetings at the national and provincial levels through the decentralized CNAC committees		X		UNICEF	National/local	40,000	30,000	10,000	33%
Output 1.2: Children U5 reached twice a year with Vitamin A and albendazol	Decentralized micro planning up to the municipality level for the multiple intervention mass campaigns twice a year in the selected provinces (24 municipal planning workshop)		X		UNICEF	National/local	120,000	80,000	29,927	37%

salt	Design & implementation of a social marketing campaign for iodized salt consumption at the national level		X		UNICEF	National/local	100,000	100,000	14,870	15%
	Contribute to the national urinary iodine survey to assess the exposure of the population to the IDD risk		X		UNICEF	National/local	50,000	50,000	20,000	40%
Output 1.6: Vulnerability Assessment and Mapping (VAM) strengthened in the selected provinces	Training and mentoring on VAM		X		FAO	National/local	67,288	64,788	46,336	71%
Output 1.7: At least 60% of vulnerable households assisted in Bié and Moxico	Training of 600 social workers / community assistants (MINARS) on understanding of food and nutrition, and awareness / prevention of HIV/AIDS (Moxico & Bie)		X		IOM	National/local	342,193	302,562	302,562	88%
	Capacity-building and provision of basic knowledge to 1,200 community health workers in Bié & Moxico to promote and support key family practices within the communities beneficiaries of high-impact child survival packages (complementing the UNICEF package of health and nutrition)		X		IOM	National/local	147,000	132,047	132,047	90%
	Distribution of seed kits to 400 food-insecure vulnerable families, through the PVM system supported by FAO in Bié and Moxico.		X		IOM	National/local	90,258	77,296	77,296	86%

Output 1.8: Improvement of local food production	Farmer fields schools. <ul style="list-style-type: none"> Capacity-building of extension workers and a local population on food security issues Training on agricultural techniques to diversify the production (increase cultivated land occupied, promotion of urban and peri-urban agriculture, production of honey, vegetables and aquaculture) 		X		FAO	National/local	347,416	160,000	160,000	46%
Output 1.9: Family diet diversified from the increase in local foods production	Awareness activities to promote diet diversification using local foods available		X		UNICEF	National/local	239,580	239,580	78,490	33%
	Development of home and school gardens combined with participatory nutrition education sessions and cooking demonstrations at household and community level. Support to the implementation of School Feeding Program with local food production		X		FAO	National/local	260,000	120,315	120,315	46 %
Output 2.1: Improved advocacy for child protection from adverse effects of rising food prices – aiming to increase the commitment of the GoA in reforming policies and strategies to protect the most	Design advocacy tools for nutrition (national and provincial nutrition profiles based on the most recent nutrition survey data)		X		UNICEF	All UN and implementing partners	10,000	10,000	10,000	100%
	Organize advocacy events to dissemination of policies and legislation supporting the high-impact interventions in each selected provinces		X		UNICEF	All UN and implementing partners	45,000	30,000	15,000	50%

vulnerable children and pregnant women	Disseminate the approved national food and nutrition strategy, ensure effective application and work with existing committees dedicated to child nutrition and food security (national, provincial and municipal level) in line with the national food and nutrition security strategy.		X		FAO	All UN and implementing partners	91,301	40,171	40,171	44 %
Output 3.1: Data resulting from routine local / national information systems, national surveys and surveillance mechanisms effectively processed and used for planning and decision-making	Compilation and processing of existing data to provide insight to the situation analysis in the selected provinces		X		WHO	All UN and implementing partners	48,000	14,400	14,400	30%
	Revision of the existing Health Information System (HIS) to provide regular and timely and quality report		X		WHO	All UN and implementing partners	20,000	20,000	16.000	80%
	Assessment and reorganization of existing local information systems (health, agriculture, social) for better performance		X		WHO	All UN and implementing partners	45,000	30,000	63.000	140%
	Training of users of local information systems		X		WHO	All UN and implementing partners	240,000	100,000	100.000	42%
	Launch the nutrition surveillance system in each of the selected provinces		X		WHO	All UN and implementing partners	60,000	20,000	20,000	33%
	Coordination, launching workshop, communication and advocacy – BASELINE SURVEY		X		UNDP	All UN and implementing partners	237,000	101,719.74	94,159.74	55,9

	Steering committee for food security within the National Food Security Unit is functional – effective coordination of food security interventions at the central level		X		FAO	All UN and implementing partners	37,779	10,794	10,794	29%
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Budget summary

UN AGENCY	Total Approved Budget \$`	Total Amount of Transferred to date \$	Total Budget Committed to date \$	Total Budget Disbursed To Date \$	Estimated % Delivery rate of budget
FAO	803,784	723089	509,912	509,912	71%
IOM	579,451	511,004	511,905	511,905	100%
UNDP	237,000	168,580	101,720	94,160	56%
UNICEF	1,937,855	1,456,080	1360,852	753,840	52%
WHO	441,910	320,400	320,400	320,400	100%
TOTAL	4,000,000				